

REQUEST FOR BAD CHECK ASSISTANCE
FROM YUMA COUNTY

Please provide **ALL** information requested below. Paperclip (do not staple) to the top front of this form the **ORIGINAL DISHONORED CHECK** and copies of all correspondence sent to the check writer with any replies you received. If you have any questions call the bad check coordinator at (928) 817-4300.

MAILING ADDRESS: Yuma County Attorney's Office
 ATTN: Bad Check Program
 250 W. Second Street, Suite G
 Yuma, Arizona 85364

VICTIM INFORMATION (Business owner):

Name: _____

Mailing Address: _____

Work Telephone Number:_____ Home Telephone Number:_____

PERSON WHO ACCEPTED CHECK:

Name: _____

Address: _____

Home Telephone: _____

Can he/she identify the check Writer? Yes ☐ No ☐

Have any attempts been made to contact the check writer? Yes ☐ No ☐

If you answered yes, please describe dates and type of contact made:

If check writer responded, briefly describe content of the reply and how it was received:

Please provide a copy of all written communication.

If contact was made by certified mail please attach signed receipt.

INFORMATION ABOUT THE BUSINESS WHERE CHECK WAS PASSED:

Business name: _____

Physical Address of Business: _____

Business Mailing Address: _____

INFORMATION ABOUT THE CHECK:

Bank Name: _____

Account Number: _____

Name of Account Holder: _____

Was the person who signed the check shown on the face of the check as the holder or co-holder of the account?

Yes ☐ No ☐

List the type and number of the photo identification accepted (EX. USMC ID #123456789 or Az Drivers License # 123456789):

Type: _____ No.: _____

Amount of check: \$ _____

In addition to the face value of the check I am requesting \$ _____ for reasonable costs of processing this check for collection.

I understand that if I do not request reasonable costs of processing this check for collection the Bad Check Coordinator will attempt to collect only the face value of the submitted check and will not add any collection fees on my behalf. I also understand that requests submitted in excess of \$25.00 must be supported by documented proof of the need.

By submitting this Request for Assistance I agree to: 1.) Make myself available and to make the person who accepted the check available for Court if necessary; **2.)** Not to solicit or accept payment from the writer of the check without prior authorization from the Yuma County Attorney's Bad Check Coordinator.

I acknowledge having read this entire document and furnishing all information believing it to be true. I understand that failure to comply with all requirements in the above paragraph will result in the dismissal of this case and denial of all future requests for bad check assistance.

Signature of Requestor

Date Signed